Page 1

| FCC For | m 481 - Carrier Annual Reporting Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---------|---|----------------------|--|
| <010> | Study Area Code | 351237 | |
| <015> | Study Area Name | MARNE & ELK HORN TEL | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Janell Hansen | |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 7127646161 ext. | |
| <039> | Contact Email Address: Email of the person identified in data line <030> | janell@metc.net | |
| | Form Type | 54.313 and 54.422 | |

| (100) S | ervice Quality Improvement Reporting | | FCC Form 481 |
|---------|--|------------------------|---|
| | ollection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | 351237 | |
| <015> | Study Area Name | MARNE & ELK HORN T | TEL |
| <020> | Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net | |
| <110> | Has your company received its ETC certification from the FCC? | (yes / no) | |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) | |
| <112> | If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your CETC which only receives frozen support, your progress report is only required to address voice telephony service. | | 1237ia112.pdf |
| | Please select the appropriate responses below (Yes, No, Not Applicable) to conf that the attached document(s), on line 112, contains a progress report on its fiv service quality improvement plan pursuant to §54.202(a). The information shall submitted at the wire center level or census block as appropriate. | e-year | Name of Attached Document |
| <113> | Maps detailing progress towards meeting plan targets | | Yes |
| <114> | Report how much universal service (USF) support was received | | Yes |
| <115> | How much (USF) was used to improve service quality and how support was used to impr | ove service quality | Yes |
| <116> | How much (USF) was used to improve service coverage and how support was used to im | prove service coverage | Yes |
| <117> | How much (USF) was used to improve service capacity and how support was used to imp | rove service capacity | Yes |
| <118> | Provide an explanation of network improvement targets not met in the prior calendar year. | | Not Applicable |

| (200) Service Outage Reporting (Voice) | FCC Form 481 |
|--|--|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| | • |

| <010> | Study Area Code | | | | | 351237 | | | | | | |
|-------|--|-----------------|------------------|-------------------|---------------------|-------------------------------|-----------|---------|---------|---------|---------|---------|
| <015> | Study Area Na | ame | | | | MARNE & ELK 1 | HORN TEL | | | | | |
| <020> | Program Year | • | | | | 2017 | | | | | | |
| <030> | Contact Name | e - Person USA(| should contac | ct regarding this | s data | Janell Hanse | n | | | | | |
| <035> | 5> Contact Telephone Number - Number of person identified in data line <030> | | | |)> 7127646161 e | xt. | | | | | | |
| <039> | Contact Email | l Address - Ema | il Address of pe | erson identified | l in data line <030 | <pre>0> janell@metc.</pre> | net | | | | | |
| <210> | For the prior | r calendar yea | ar, were there | e any reporta | ble voice servic | e outages? | No | · | | | | |
| <220> | <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></h> |

| <a> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <c1></c1> | <c2></c2> | <d></d> | <e></e> | <f></f> | <g></g> | <h></h> |
|-----------|--------------|---------------------|------------|------------|---------------------------|-----------------|----------------|--------------------|-----------------|----------------|--------------|
| NORS | | | | | | | | | Did This Outage | | |
| Reference | Outage Start | Outage Start | Outage End | Outage End | Number of | | 911 Facilities | Service Outage | Affect Multiple | | |
| Number | Date | Time | Date | Time | Customers Affected | Total Number of | Affected | Description (Check | | Service Outage | Preventative |
| | | | | | | Customers | (Yes / No) | all that apply) | (Yes / No) | Resolution | Procedures |
| | | | | | | | | | | | |
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| (300) Unfulfilled Service Request FCC Form 481 ONLY Control No. 2000 0095 (ONE Control No. 2000 0095) | | | | | | |
|---|---|--------------------------|--|--|--|--|
| Data Coll | ection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | | |
| | | | | | | |
| <010> | Study Area Code | 351237 | | | | |
| <015> | Study Area Name | MARNE & ELK HORN TEL | | | | |
| <020> | Program Year | 2017 | | | | |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen | | | | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. | | | | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net | | | | |
| <300> U | nfulfilled service request (voice) | 0 | | | | |
| <310> [| Detail on attempts (voice) | | | | | |
| | Name | of Attached Document | | | | |
| <320> Unfulfilled service request (broadband) | | 0 | | | | |
| | | | | | | |
| <330> | Detail on attempts (broadband) | | | | | |
| | Na | ame of Attached Document | | | | |

| (400) Number of Complaints per 1,000 customers | FCC Form 481 |
|--|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code 351237 | |
|-------|--|------------------------------|
| <015> | Study Area Name MARNE & ELK HORN TEL | |
| <020> | Program Year 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data Janell Hans | ren |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 646161 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | ell@metc.net |
| <400> | Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | Offered only fixed voice |
| <410> | Complaints per 1000 customers for fixed voice $\hspace{1cm} 0$. | 0 |
| <420> | Complaints per 1000 customers for mobile voice | |
| <430> | Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize. | Offered only fixed broadband |
| <440> | Complaints per 1000 customers for fixed broadband 0 . | 0 |
| <450> | Complaints per 1000 customers for mobile broadband | |

Page 6

| | npliance With Service Quality Standards and Consumer Protection Rules ection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|--|------------------------------------|--|
| <010> | Study Area Code | 351237 | |
| <015> | Study Area Name | MARNE & ELK HORN TEL | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net | |
| <500> | Certify compliance with applicable service quality standards and consumer pro | otection rules Yes | |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Ru | 351237ia510.pdf ules Compliance | |

| (600) F | unctionality in Emergency Situations | | FCC Form 481 |
|---------|---|----------------------|--|
| Data Co | ollection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | 351237 | |
| <015> | Study Area Name | MARNE & ELK HORN TEL | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net | |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes | |
| <610> | Descriptive document for Functionality in Emergency Situations | 351237ia610.pdf | |
| | | | |

| • | ice Offerings including Voice Rate Data Illection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------|--|----------------------------|--|
| <010> | Study Area Code | 351237 | |
| <015> | Study Area Name | MARNE & ELK HORN TEL | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen | |
| <035> | Contact Telephone Number - Number of person identified in data l | ine <030> 7127646161 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data | line <030> janell@metc.net | |
| | Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge | | |

<703>

| <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
| | | | | Residential Local | | | Mandatory Extended Area | |
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
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| (710) Broadbrand Price Offerings | FCC Form 481 |
|----------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 51237 |
|-------|---|----------------------|
| <015> | Study Area Name | MARNE & ELK HORN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net |

| <711> | <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c></c> | <d1></d1> | <d2></d2> | <d3></d3> | <d4></d4> |
|-------|-----------|-----------------|------------------|-----------------------------|---------------------|---|--|-------------------------|---|
| | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rate and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select } |
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| (800) Op | erating Companies | | FCC Form 481 |
|----------|-------------------------|---|--|
| Data Col | lection Form | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | | 351237 |
| <015> | Study Area Name | | MARNE & ELK HORN TEL |
| <020> | Program Year | | 2017 |
| <030> | Contact Name - Person | USAC should contact regarding this data | Janell Hansen |
| <035> | Contact Telephone Num | nber - Number of person identified in data line <030> | 7127646161 ext. |
| <039> | Contact Email Address - | Email Address of person identified in data line <030> | janell@metc.net |
| <810> | Reporting Carrier | Marne & Elk Horn Telephone Company | |
| <811> | Holding Company | Marne & Elk Horn Telephone Company | |
| <812> | Operating Company | Marne & Elk Horn Telephone Company | |

| <813> | <a1></a1> | <a2></a2> | <a3></a3> |
|----------|------------|--------------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| • | | | |
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| | See atta | ched workshe | et |
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| | bal Lands Reporting lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------|--|----------------------|--|
| <010> | Study Area Code | 351237 | |
| <015> | Study Area Name | MARNE & ELK HORN TEL | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net | |
| <900> | Does the filing entity offer tribal land services? (Y/N) | No | |
| <910> | Tribal Land(s) on which ETC Serves | | |
| <920> | Tribal Government Engagement Obligation | Name of Atta | ched Document |
| If your c | company serves Tribal lands, please select (Yes,No, NA) for each these boxes | | |
| | rm the status described on the attached document(s), on line 920, | | |
| | strates coordination with the Tribal government pursuant to | Select | |
| | 3(a)(9) includes: | Yes or No or | |
| <921> | Needs assessment and deployment planning with a focus on Tribal community anchor institutions. | Not Applicable | |
| <922> | Feasibility and sustainability planning; | | |
| <923> | Marketing services in a culturally sensitive manner; | | |
| <924> | Compliance with Rights of way processes | | |
| <925> | Compliance with Land Use permitting requirements | | |
| <926> | Compliance with Facilities Siting rules | | |
| <927> | Compliance with Environmental Review processes | | |
| <928> | Compliance with Cultural Preservation review processes | | |
| <929> | Compliance with Tribal Business and Licensing requirements. | | |

| (1000) Voice and Broadband Service Rate Comparability Data Collection Form | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|-------|---|
| <010> | Study Area Code | | 351237 |
| <015> | Study Area Name | | MARNE & ELK HORN TEL |
| <020> | Program Year | | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | | Janell Hansen |
| <035> | Contact Telephone Number - Number of person identified in data line | <030> | 7127646161 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line | <030> | janell@metc.net |
| <1000> | Voice services rate comparability certification | Yes | 3 |
| <1010> | Attach detailed description for voice services rate comparability compliance | 3512 | 37ia1010.pdf |
| | | | Name of Attached Document |
| <1020> | Broadband comparability certification | | s - Pricing is no more than the most recent applicable benchmark announced by Wireline Competition Bureau |
| <1030> | Attach detailed description for broadband comparability compliance | 35123 | 37ia1030.pdf |
| | | | Name of Attached Document |

| • | o Terrestrial Backhaul Reporting lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--------|--|----------------------|--|
| <010> | Study Area Code | 351237 | |
| <015> | Study Area Name | MARNE & ELK HORN TEL | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net | |
| <1100> | Certify whether terrestrial backhaul options exist (Y/N) | Yes | |
| <1130> | Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g). | kbps | |

| (1200) Te | erms and Condition for Lifeline Customers | FCC Form 481 |
|------------------|--|---|
| Lifeline | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| Data Coll | ection Form | July 2013 |
| | | |
| <010> | Study Area Code | 351237 |
| <015> | Study Area Name | MARNE & ELK HORN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net |
| | Г | 351237ia1210.pdf |
| | | |
| .1210: | Towns 0. Conditions of Voice Talank and Lifeting Plans | |
| <1210> | Terms & Conditions of Voice Telephony Lifeline Plans | |
| | | |
| | - | Name of Attached Document |
| .1220: | | |
| <1220> | Link to Public Website HTTP | |
| | | |
| "Dlagge of | heck these boxes below to confirm that the attached document(s), on line 1210, | |
| | bsite listed, on line 1220, contains the required information pursuant to | |
| | • | |
| | (a)(2) annual reporting for ETCs receiving low-income support, carriers must | |
| annually | report: | |
| <1221> | Information describing the terms and conditions of any voice | |
| 112217 | telephony service plans offered to Lifeline subscribers, | |
| | , , , | |
| <1222> | Details on the number of minutes provided as part of the plan | |
| <1222> | Details on the number of minutes provided as part of the plan, | |
| | | |
| <1223> | Additional charges for toll calls, and rates for each such plan. | |
| | | |

| (2000) Price | Cap Carrier Additional Documentation | | FCC | Form 481 |
|--------------|--|---------------------|--|--|
| Data Collec | tion Form | OM | IB Control No. 3060-0986/OMB Control No. 3060-0819 | |
| Including R | ate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers | | July | 2013 |
| | | | | |
| | tudy Area Code 35123 | | | |
| | , | & ELK HORN TEL | | |
| | . og. a | l Hansen | | |
| | | 46161 ext. | | |
| | · | l@metc.net | | |
| Select th | e appropriate responses below (Yes, No, Not Applicable) to note comp | liance as a recipie | nt of Incremental High Cost support. High | Cost support to offset access charge reductions. |
| | nect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d) | | | |
| | | | · | |
| lı | ncremental Connect America Phase I reporting | | | |
| <2010> | 2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that f | or the July 1 | | |
| | 2016 certification, this applies to Round 2 recipients of Incr | emental | | |
| | Support | | | |
| <2011> | 3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that f | or the July 1 | | |
| <2011> | | • | | |
| | 2016 certification, this applies to Round 1 recipients of Incr | ementai | | |
| | Support | | | |
| <2022> | Recipient certifies, representing year two after filing a notice | | | |
| | acceptance of funding pursuant to 54.312(c), that the locat | ions in | | |
| | question are not receiving support under the Broadband In | itiatives | | |
| | Program or the Broadband Technology Opportunities Prog | ram for | | |
| | projects that will provide broadband with speeds of at leas | | | |
| | Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. | | | |
| 420225 | | | | |
| <2023> | The attachment on line 2024 includes a statement of the to | | | |
| | capital funding expended in the previous year in meeting C | | | |
| | America Phase I deployment obligations, accompanied by a | | | |
| | blocks indicating where funding was spent. This covers year | ır two - | | |
| | 54.313(b)(2)(ii). Round 2 recipients only. | | | |
| <2024A | > Round 2 Recipient of Incremental Support? | | | |
| | | | | |
| <2024D | Attach list of consus blacks indicating whore funding was si | nont in year | Name of Attached Document Listing | . |
| <2024B | - | Jeni III yeai | Name of Attached Document Listing | 5 |
| | two - 54.313(b)(2)(ii). Round 2 recipients only. | | Required Information | |
| <2025A | > Round 1 or Round 2 Recipient of Incremental Support? | | | |
| | | | | |
| <2025B | > Attach geocoded Information for Phase I milestone reports | (Round 1 for | Name of Attached Document Listing | |
| -20250 | year three and Round 2 for year two) - Connect America Fu | • | Required Information | · |
| | Docket 10-90, Report and Order, FCC 13- | iia, wc | Required information | |
| | Docket 10-30, Report and Order, FCC 15- | | | |
| | | | | |
| <2015> | 2016 and future Frozen Support Certification 47 CFR § 54.3 | 13(c)(4) | | |

| Data Collection For | rrier Additional Documentation (Continued) m eturn Carriers affiliated with Price Cap Local Exchange Carriers | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | |
|---------------------|--|--|--|--|
| | Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification support used to build broadband | | | |
| | t America Phase II Reporting {47 CFR § 54.313(e)} | | | |
| | Connect America Fund Phase II recipient? | | | |
| <2017B> | Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price | Name of Attached Document Listing Required Information | | |
| <2018> | cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii) | Name of Attached Document Listing Required Information | | |
| <2019> | Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v) | | | |
| <2020> | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3) | | | |
| <2021> | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4) | | | |
| <2026> | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5) | | | |
| <2027> | Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6) | | | |

| (3005) Rate C Data Collection | of Return Carrier Additional Documentation on Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------------------------------|---|--|
| | | |
| <010> | Study Area Code | 351237 |
| <015> | Study Area Name | MARNE & ELK HORN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net |
| | | |

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | | | |
|---------|---|--|----------------------|--------------------------|
| (3010A) | Milestone Certification {47 CFR § 54.313(f)(1)(i)} | Yes | - Attach Certificat | cion 351237ia3010.pdf |
| (3010B) | Please Provide Attachment | Name of Attached Docume | | 331237143010.pui |
| (3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | No - No New Community An | chors | |
| (3012B) | Please Provide Attachment | Name of Attached Docume Information | ent Listing Required | |
| (3013) | Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} | (Yes/No) | • O | |
| (3014) | If yes, does your company file the RUS annual report | (Yes/No) | 0 0 | |
| (3015) | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications | | | |
| (3016) | Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | | |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required | Name of Attached Docume Information | ent Listing Required | |
| (3018) | documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line | (Yes/No) | • 0 | |
| (3019) | 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement | | 7 | |
| | and Statement of Cash Flows | | | |
| (3021) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: | | / | |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers | | | |
| (3023) | Underlying information subjected to a review by an independent certified public accountant | | | |
| (3024) | Underlying information subjected to an officer certification. | | | |
| (3025) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | | <u></u> |
| (3026) | Attach the worksheet listing required information | Name of Attached Docume Information | ent Listing Required | 351237ia3026.pdf |

LINES 3027-3034

LINES REDACTED IN ENTIRETY

Page 19

| (4005) Rural Broadband Experiment Additional Documentation Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 | |
|---|---|--|
| | July 2013 | |

| <010> | Study Area Code | 351237 |
|-------|---|--------------------------|
| <015> | Study Area Name | MARNE & ELK HORN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen |
| <035> | Contact Telephone Number - Number of person identified in data lin | ne <030> 7127646161 ext. |
| <039> | Contact Email Address - Email Address of person identified in data li | ne <030> janell@metc.net |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

| Broadband Deployment Locations – FCC 14-98 (par | agraph 80) | |
|--|--|--|
| broadband service in the preceding calendar year. | | |
| recipient newly began providing access to | | |
| of community anchor institutions to which the | | |
| 4003b . Provide the number, names and addresses | Name of Attached Document Listing Required Information | |

relevant geographic area.

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing Name of Attached Document Listing Required Information deadline for the FCC Form 481. 4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband Name of Attached Document Listing Required Information speed and data usage allowances available in the

| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | |
|--|--|--|
| | | |

| <010> | Study Area Code | 351237 |
|-------|---|----------------------|
| <015> | Study Area Name | MARNE & ELK HORN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to t | ne Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
|---|--|--------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | | |
| Name of Reporting Carrier: | | |
| Signature of Authorized Officer: | Date | |
| Printed name of Authorized Officer: | | |
| Title or position of Authorized Officer: | | |
| Telephone number of Authorized Officer: | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |
| Persons willfully making false statements on this form can | be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or under Title 18 of the United States Code, 18 U.S.C. § 1001. | imprisonment |

| Certification - Agent / Carrier | FCC Form 481 |
|---------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 351237 |
|-------|---|----------------------|
| <015> | Study Area Name | MARNE & ELK HORN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | | | | | |
|--|-----------------|--|--|--|--|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. | | | | | |
| Name of Reporting Carrier: MARNE & ELK HORN TEL | | | | | |
| Name of Authorized Agent Firm: Kiesling Associates LLP | | | | | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/10/2016 | | | | | |
| Name of Authorized Agent Employee: Cheryl Clauson | | | | | |
| Title or position of Authorized Agent or Employee of Agent Regulatory Consultant | | | | | |
| Telephone number of Authorized Agent or Employee of Agent: 5152230159 ext. | | | | | |
| Study Area Code of Reporting Carrier: 351237 Filing Due Date for this fo | orm: 07/01/2016 | | | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Com | | | | | |

Attachments

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY



FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards

with these requirements and will continue to comply with these requirements.

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Marne & Elk Horn Telephone Company certifies that it has complied

and Consumer Protection Rules

| REDACTED - | - FOR PUBI | LIC INSPECTION |
|------------|------------|----------------|
|------------|------------|----------------|

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

Iowa Administrative Code §199-22.6(5) requires an ETC to certify in its annual report that it is complying with provisions to meet emergencies including but not limited to the provision of emergency power. Each central office shall contain a minimum of two hours of battery reserve and for offices without permanently installed emergency power facilities, there shall be access to a mobile power unit with enough capacity to carry the load which can be delivered on reasonably short notice and readily connected. Marne & Elk Horn Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements. In addition, the ETC also complies with all federal rules regarding end user's abilities to function in emergency situations.

| • | ce Offerings including Voice Rate Data lection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|----------------|---|----------------------|--|
| <010> | Study Area Code | 351237 | |
| <015> | Study Area Name | MARNE & ELK HORN TEL | |
| <020> | Program Year | 2017 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen | |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net | |
| <701> <702> | Residential Local Service Charge Effective Date 1/1/2016 | | |

<703>

| <a1></a1> | <a2></a2> | <a3></a3> | <b1></b1> | <b2></b2> | <b3></b3> | <b4></b4> | <b5></b5> | <c></c> |
|-----------|-----------------|------------|-----------|-------------------|------------------------------|-----------------------------|-------------------------|-------------------------------|
| | | | | Residential Local | | | Mandatory Extended Area | |
| State | Exchange (ILEC) | SAC (CETC) | Rate Type | Service Rate | State Subscriber Line Charge | State Universal Service Fee | Service Charge | Total per line Rates and Fees |
| IA | All | | FR | 16.0 | 0.0 | 0.0 | 0.0 | 16.0 |
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| (710) Broadband Price Offerings | FCC Form 481 |
|---------------------------------|---|
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| <010> | Study Area Code | 351237 |
|-------|---|----------------------|
| <015> | Study Area Name | MARNE & ELK HORN TEL |
| <020> | Program Year | 2017 |
| <030> | Contact Name - Person USAC should contact regarding this data | Janell Hansen |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7127646161 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | janell@metc.net |

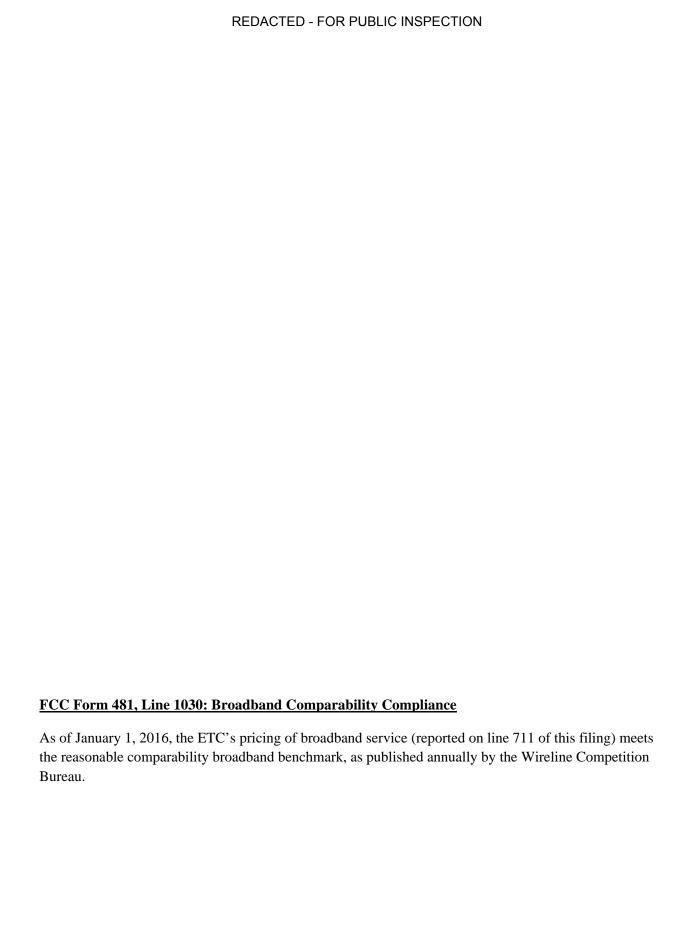
| -71 | 11 | |
|-----|----|--|

| <a1></a1> | <a2></a2> | <b1></b1> | <b2></b2> | <c> <d1></d1></c> | <d2></d2> | <d3></d3> | | <d4></d4> |
|-----------|-----------------|---------------------|-------------------------|-------------------------|---|---|-------------------------|--|
| State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rates and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service -Upload Speed (Mbps) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} |
| IA | All | 49.95 | 0.0 | 49.95 | 5.0 | 1.0 | 999999 | Other, No limit |
| IA | All | 64.95 | 0.0 | 64.95 | 10.0 | 1.0 | 999999 | Other, No limit |
| IA | All | 79.95 | 0.0 | 79.95 | 15.0 | 1.0 | 999999 | Other, No limit |
| IA | All | 69.95 | 0.0 | 69.95 | 10.0 | 2.0 | 999999 | Other, No limit |
| IA | All | 84.95 | 0.0 | 84.95 | 15.0 | 3.0 | 999999 | Other, No limit |
| IA | All | 254.85 | 0.0 | 254.85 | 50.0 | 3.0 | 999999 | Other, No limit |
| IA | All | 399.95 | 0.0 | 399.95 | 100.0 | 5.0 | 999999 | Other, No limit |
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| | erating Companies | | | FCC Form 481 |
|----------|---------------------------|--|----------------------|---|
| Data Col | ection Form | | | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
| ·010· | Short Area Cada | | 251025 | |
| <010> | Study Area Code | | 351237 | |
| <015> | Study Area Name | | MARNE & ELK HORN TEL | |
| <020> | Program Year | | 2017 | |
| <030> | Contact Name - Person U | SAC should contact regarding this data | Janell Hansen | |
| <035> | Contact Telephone Numb | er - Number of person identified in data line <030> | 7127646161 ext. | |
| <039> | Contact Email Address - E | mail Address of person identified in data line <030> | janell@metc.net | |
| | | | | |
| <810> | Reporting Carrier | Marne & Elk Horn Telephone Company | | |
| <811> | Holding Company | Marne & Elk Horn Telephone Company | | |
| <812> | Operating Company | Marne & Elk Horn Telephone Company | | |

| <813> | <a1></a1> | <a2></a2> | <a3></a3> |
|-------|--------------------------|-----------|--|
| | Affiliates | SAC | Doing Business As Company or Brand Designation |
| | West Iowa Cellular, Inc. | | |
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FCC Form 481, Line 1210: Terms and Condition for Lifeline Customers

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowans to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal government program that assists qualified Iowans by providing a monthly credit of \$9.25 on the local telephone bill. Lifeline benefits are limited to one wire line or wireless phone per qualified household. Households currently receiving more than one Lifeline service must select a single Lifeline service provider and de-enroll from the program with any other provider(s).

Households eligible for the Lifeline program include those who participate in other federal public assistance programs, such as the Low-Income Home Energy Assistance Program (LIHEAP) or Supplemental Nutrition Assistance Program (SNAP). Consumers may also qualify based on their level of income. For more information, please see the Board's 2015 Lifeline Week news release.

A Lifeline <u>application form</u> is available from your local telephone service provider, the Iowa Utilities Board, or most <u>Community Action Agencies</u> in the state. To apply, simply complete the application form and then return it to your chosen participating provider. Additionally, residents of Tribal lands who are eligible for Lifeline, should check with their local telecommunications provider to inquire about additional benefits, including potential Link-Up telephone-installation benefits.

Re-certification forms are sent to all Lifeline subscribers each year. In order to continue receiving Lifeline assistance, these forms must be completed and returned to the subscriber's local telecommunications provider within 30 days. If the re-certification form is not returned, the telecommunications provider will discontinue the subscriber's Lifeline assistance.

Information about the <u>number of customers receiving Lifeline assistance</u> is reported by each Iowa telephone company. For more information, call the Iowa Utilities Board toll free at 1.877.565.4450, or visit <u>www.fcc.gov/lifeline</u> or <u>www.usac.org</u>.

Number of local minutes provided: Unlimited local calling

Equal access toll calls are available and are billed at carriers' standard rates for Lifeline subscribers.

| | REDACTED - FOR FUBLIC INSPECT | ON |
|---------------------------------------|-----------------------------------|--------------------------------------|
| Marne & Elk Horn Telephone Company | SERVICES CATALOG Revised Cancels | PART VI Sheet No. 82 Sheet No. |
| Filed with Board | SERVICE CHARGES | Sheet No. |
| A. LIFELINE ASSISTANCE | | |

1. The Federal Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence.

Qualified applicants shall have their monthly local exchange service rate reduced by the

federal support amount defined in 47 CFR 54.403.

2. Eligibility Requirements

To be eligible for assistance, an applicant must provide documentation showing the applicant (1) meets income-based criterion currently defined as at or below 135 percent of the Federal Poverty Guidelines, OR (2) participates in at least one of the following programs as defined by 47 CFR 54.409:

- a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
- b. Supplemental Nutrition Assistance Program (SNAP)
- c. Supplemental Security Income (SSI)
- d. Federal public housing assistance
- e. Low-Income Home Energy Assistance Program (LHEAP)
- f. Temporary Assistance for Needy Families Program (TANF)
- g. National School Lunch Program

The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

A Lifeline customer may only receive assistance from one wireline or one wireless telephone provider per household.

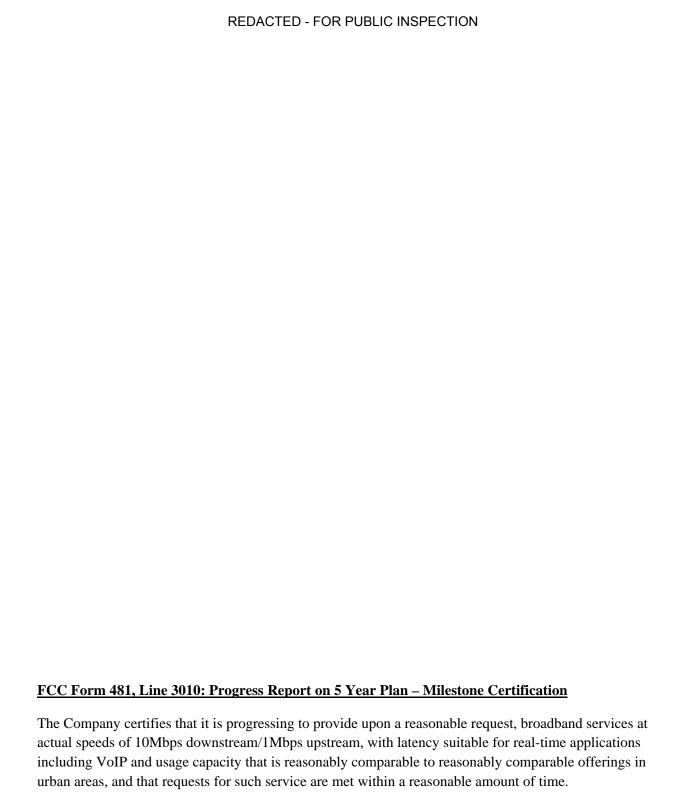
3. Application for Assistance

An applicant shall request telephone assistance through completion of a certification form provided by the Company as governed by 47 CFR 54.410.

4. Rates

- a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit identified in 47 CFR 54.403 shall be used to reduce the Lifeline customer's rate.
- b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

| ISSUE | D: <u>November 1, 2014</u> | EFFECTIVE: | December 1, 2014 | | |
|-----------|----------------------------|------------|----------------------|--|--|
| | Date | | Date | | |
| BY: | Janell Hansen | Manager | Elk Horn, Iowa 51531 | | |
| ' <u></u> | Name | Title | Address | | |



ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY